



Department of Ecology Air Quality Program  
General Order Application  
**Perchloroethylene Dry Cleaners**  
**Purchasing Less Than 2100 Gallons Per Year**

**I. Permitting Authority (Send completed application to this address)**

**In Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Stevens, Walla Walla, and Whitman counties:**

Gregory S. Flibbert  
Department of Ecology  
Air Quality Program  
4601 N. Monroe  
Spokane, Washington 99205-1295

Phone: (509) 329-3452  
Fax: (509) 329-3529  
E-mail: [gfli461@ecy.wa.gov](mailto:gfli461@ecy.wa.gov)

**In Chelan, Douglas, Kittitas, Klickitat, and Okanogan counties:**

Lynnette Haller  
Department of Ecology  
Air Quality Program  
15 W Yakima Ave, Suite 200  
Yakima, Washington 98902

Phone: (509) 457-7126  
Fax: (509) 575-2809  
E-mail: [lhul461@ecy.wa.gov](mailto:lhul461@ecy.wa.gov)

**Industrial Section Sources**

Ewa Kotwicka  
Department of Ecology  
Olympia, WA 98504-7600

Phone: (360)-407-6945  
E-mail: [ekot461@ecy.wa.gov](mailto:ekot461@ecy.wa.gov)

**Department of Energy- Hanford**

Doug Hendrickson  
Nuclear Waste Program  
Hanford Unit  
3100 Port of Benton Blvd.  
Richland, WA 99354

Phone: (509) 372-7983  
E-mail: [dohe461@ecy.wa.gov](mailto:dohe461@ecy.wa.gov)

**In San Juan County:**

Doug Brown  
Department of Ecology  
Air Quality Program  
3190 160<sup>th</sup> Ave. SE  
Bellevue, Washington 98008-5452

Phone: (425) 649-7082  
Fax: (425) 649-7098  
E-mail: [dobr461@ecy.wa.gov](mailto:dobr461@ecy.wa.gov)

*If you need this publication in another format, please call Tami Dahlgren at (360) 407-6800. Persons with hearing loss can call 711 for Washington Relay Service. Persons with a speech disability can call 877-833-6341.*

**II. Company Information**

1. Legal Name of Company		
2. Company Mailing Address (street, city, state, zip)		
3. Company Contact Person, Title, and cell phone		
4. Company Phone #	5. Company electronic mail address	6. Company FAX #

**III. Facility Information (if different from above)**

1. Facility Name	
2. Facility Mailing Address	
3. Facility Location	
4. Facility Contact Person and Title	
5. Facility Phone #	6. Facility FAX #
7. Contact Person Cellular Phone #	8. Facility electronic mail address

#### **IV. Facility Information**

Diagram of Facility w/ location of building housing dry cleaning machine(s) (include distances to nearby buildings on and off the property and their current uses).

A layout of the locations of the machine(s) in the building should also be included.

**V. Operating Data for the Dry Cleaning Operation**

<b>Business Operating Schedule</b>	____ hrs/day, ____ days/wk, ____ wks/yr Circle days when facility is operating:    M   T   W   Th   F   Sat   Sun
<b>Estimated Perchloroethylene (PCE) Usage</b> (not including initial storage tank filling)	<input type="radio"/> less than 140 gallons PCE per year <input type="radio"/> between 140-2100 gallons PCE per year

**VI. Dry Cleaning Machine Information**

	<b>Machine #1</b>	<b>Machine #2</b>	<b>Machine #3</b>
<b>Manufacturer</b>			
<b>Model</b>			
<b>Serial Number</b>			
<b>Model Year</b>			
<b>Control Device(s)</b>	<input type="radio"/> Refrigerated Condenser	<input type="radio"/> Refrigerated Condenser	<input type="radio"/> Refrigerated Condenser
<b>Vented?</b>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

If more than 3 machines being installed, include those machines on additional pages.

**IX. Signature Block**

Name of Person Filling Out This Form
Printed Name _____ Signature _____ Date _____